

sanitary authorities and local councils could any real and permanent effect be produced. Public opinion was thus acting at present, and they could safely rely on the members of the Women's Health Association to keep that pressure up.

The report having been adopted, a resolution in favour of the principles of the Tuberculosis Prevention (Ireland) Bill was moved. The resolution was seconded by Sir John Byers, who dealt with the whole subject in an address of much interest. After pointing out that the first feature in the bill was notification of the disease, and describing the statistical, administrative, and educational value of compulsory notification, he asked what were the forms and stages of tuberculosis to which notification should apply. Speaking for himself, he was confident that it would be much better and much simpler to notify all forms of the disease, both medical and surgical. If, however, it was thought wiser to begin with what, after all, were the commoner types—the pulmonary forms of the disease—then he held strongly that all forms of pulmonary tuberculosis, whether in an early or advanced stage, should be notified. Among the reasons for this were: (1) That the influential deputation which waited on the Lord Lieutenant in November, 1907, had urged that course; (2) that at the various meetings and lectures held in connexion with the Tuberculosis Exhibition attention was constantly drawn to the importance of dealing with both early and advanced cases of consumption; or, in other words, with all stages of pulmonary tuberculosis, and faith must be kept with the people; (3) that all public authorities were now trying to devise means of reaching the early cases of consumption. Should the same not be done in Ireland? If it were decided to cope only with advanced cases, what was to be said to those sanitary authorities in Ireland who before the bill was introduced were already dealing both with early and late cases? Were they to be told that it was not necessary to consider the early cases until they ceased to be early and became advanced and hopeless? In Germany one of the special aims of the splendid workmen's invalidity insurance scheme was to treat early cases in order to restore the working capacity of the sufferers, and so help them to leave the list of pensioners. In any case he was sure that it would be wiser that the bill should state definitely what forms were to be notified. What was primarily required, it seemed to him, was the compulsory notification of all cases both in urban and rural districts, in order that clear scientific evidence as to whether the disease existed might be obtained. No action was called for in cases where the medical man in attendance certified that such action on the part of the authorities was unnecessary. There should, too, be definite arrangements by which no visits would be made to the patient's house by any member of the staff of the Health Department when a medical man gave an undertaking that he would see that the required preventive measures were carried out and that he would report on their fulfilment at least twice every year. Institutions were needed for the treatment of early and advanced cases, and facilities for the free bacteriological examination of the expectoration in all cases of suspected disease. As for the question by whom notification should be effected, it was the doctor who should notify the disease direct to the medical officer of health, as in other connexions. When this course had been adopted elsewhere no difficulty had arisen.

It had been argued that compulsory notification was useless unless it was followed by effective measures for the curative treatment of the patients and for the prevention of spread of infection. This objection could be met in part by making the clauses in the second part of Mr. Birrell's bill not permissive but obligatory. Even without this, however, he was sure that local authorities who had not yet made provision for dealing with cases of tuberculosis would take adequate steps as soon as, thanks to notification, the real facts as to the disease in their districts were brought home to them. No one would deny that there was great need for the reform in the Poor-law system in Ireland, but they should not wait for that to be brought about to face the tuberculosis question. He did not think there would be any material duplication of notifications, but, if need be, a clause could be inserted in the bill making a notification fee only payable when the

case was notified for the first time. As to notification leading to concealment of early cases, the experience of Sheffield was to the opposite effect.

The second feature of the bill was the arrangement for the provision of hospitals and dispensaries by county councils, either alone or in combination, and the dissemination of knowledge with regard to the disease in several different ways. It had been suggested that these clauses should be made obligatory, but possibly it would be better not to press the point, lest the passing of the bill be imperilled. It might be anticipated that the county councils would rise to the situation of their own accord. In conclusion, Sir John Byers said that he trusted that all would support the resolution approving of the main principles of the bill. Doubtless the bill might be improved in passing through committee, but it was an earnest attempt to deal with the question, and the measure was to be regarded as a logical and natural outcome of a most remarkable movement, one which had spread all over Ireland, from the north to the south, from the east to the west, and had largely destroyed the apathy previously exhibited towards the disease by all classes.

On the conclusion of Sir John Byers's address, Dr. Laffan of Cashel moved an amendment calling for the omission of the notification and sanatorium clauses from the bill. The amendment having been seconded, a debate followed, which resulted in Dr. Laffan withdrawing his amendment. The original motion was then carried with only two dissentients.

Scotland.

[FROM OUR SPECIAL CORRESPONDENTS.]

HONOUR FOR DR. CLOUSTON.

THE freedom of the burgh of Kirkwall was recently conferred on Dr. Clouston, late Physician-Superintendent of Morningside Asylum, Edinburgh, by the Town Council of Kirkwall. In admitting the new Burgess Provost Slater said that Kirkwall had a double pleasure in conferring the honour on Dr. Clouston—first, for his distinction in the great outer world—he had made for himself the reputation of being one of the greatest living authorities on mental diseases; and, secondly, that he was a native of the county of which Kirkwall was the capital. Dr. Clouston came of an old Orkney family who had held lands in Harray continuously for many years. Dr. Clouston, in returning thanks for the high honour conferred upon him, referred to the ideal of the profession to which he had the honour to belong. The root idea of modern medicine, he said, was the prevention of disease, and the instruction of the people as to how they might live lives which would not cause them to fall into disease. The aim of modern medicine, along with modern science, was clearly this: so to condition humanity that it would improve and advance and undergo still further evolution, that man should go on from good things to better things, and to the best things in the way of health and efficiency for humanity. Dr. Clouston referred to the work of modern medicine in reducing the mortality from 30 per 1,000 to 17 per 1,000. He spoke of the work of Lord Lister and of the greater difficulty of his own line of work. The human brain was the greatest thing in nature. It was the apex of the process of evolution, where the mind and the body met, and where we had to deal with an organ through which we had our thoughts and feelings, where we had to do with disturbances of that organ which made the work one of the utmost difficulty. A cake and wine banquet followed.

EDINBURGH.

Post-graduate Vacation Course in Medicine.

If the number of entries is to be taken as a criterion of success, the third annual Post-graduate Vacation Course, held in Edinburgh, which opened on Monday, August 31st, promises to be at least as successful as its predecessors. The course this year comprises: (a) A general course of a month's duration divisible into two independent fortnights, which may be enrolled for separately. The classes comprised in the general course include six medical and seven surgical clinics each week; series of clinics upon neurology, dermatology, fevers, and diseases of the eye, as well as demonstrations upon applied anatomy and pathology. (b) A special surgical course (the attendance upon which is

limited to twenty-five), which includes daily classes upon operative surgery, surgical applied anatomy, and surgical pathology. (c) Limited classes upon gynaecology, diseases of the blood, diseases of the ear, nose, and throat, ophthalmoscopy, and errors of refraction. These classes are open to those who have entered for the general and surgical courses. (d) A series of lectures upon subjects of general medical and surgical interest by prominent members of the Edinburgh School.

Cerebro-spinal Meningitis.

On Saturday, September 5th, only one case of cerebro-spinal meningitis remained in hospital under treatment. This represents the last remaining condition in the city of Edinburgh, and is the smallest number that has at any time existed since the outbreak of the disease in 1907.

Low Death-rate.

The medical officer of health reported on Tuesday afternoon, September 8th, that the death-rate of July was 10.78 per 1,000 of the estimated population, and that of August was 11.11 per 1,000. The average for July of the five preceding years was 11.92, and for August 12.09. The deaths from phthisis in July were 7.02 per cent., and in August 6.76 per cent.

ABERDEEN.

Resignation of Professor Hamilton.

Not only Professor D. J. Hamilton's pupils, but the whole British profession will learn with regret that he has felt compelled, owing to ill health, to tender his resignation of the Chair of Pathology in the University of Aberdeen, which he has held with such conspicuous success since its establishment in 1882. Professor Hamilton was born at Falkirk, and received his professional education at the University of Edinburgh, where he graduated in medicine in 1878. He then worked under leading pathologists at Vienna, Strassburg, and elsewhere. He was for a time Pathologist to the Edinburgh Royal Infirmary. On taking up his duties in Aberdeen he had to organize the whole work of his department. He is the author of numerous contributions to the literature of his special branch of science, the chief being his *Textbook of Pathology*, published in 1889, which gained for him a reputation as one of the foremost pathologists of the day. Professor Hamilton has rendered great service to the agricultural community by investigations which he conducted into pleuropneumonia, tuberculosis, and other diseases that affect cattle. He was chairman of a departmental committee appointed by the Board of Agriculture in 1901 to investigate the disease known as braxy in sheep.

England and Wales.

[FROM OUR SPECIAL CORRESPONDENTS.]

WALES.

PONTYPOOL HOSPITAL.

At a meeting convened at Pontypool on September 3rd for the purpose of endeavouring to get the churches of the neighbourhood to set aside the collections one Sunday in each year towards the funds of the Pontypool and District Hospital, it was announced that Mr. Hanbury, J.P., D.L., of Pontypool Park, had generously offered to give the sum of £2,000 for the erection of a new wing to the hospital. The news was received with great satisfaction, as the executive board of the hospital has long been desirous of doing something to cope with the urgent demands for increased accommodation. The acceptance of Mr. Hanbury's magnificent offer will mean that an additional £300 per annum will have to be found for upkeep. The representatives of the churches submitted a resolution asking all the churches to set aside a Sunday so that this sum might be obtained.

GLAMORGAN ASYLUM.

The annual report of the Glamorgan County Asylum at Bridgend for the year 1907 has been issued. The number of patients under treatment on December 31st was 1,716, 964 being males and 752 females. The admissions during the year numbered 370, and exceeded those of the previous

year by 21. Of these, 178 were suffering from a first attack of insanity. A comparison of the table showing the probable cause of insanity in the patients admitted with that for the previous year showed two striking differences. On the one hand intemperance in drink operated as a cause, either exciting or contributory, in 57 cases, or in the proportion of 15.4 per cent. Hereditary influences, on the other hand, could be traced in only 69 cases, or 18.6 per cent., as against 103 cases, or 30 per cent., for the previous year. There were 164 patients discharged, and of these 118 had recovered. Of the total recoveries 58, or 49 per cent., had been suffering from a first attack, and were brought under treatment within three months of its onset, and 44, or 37 per cent., of whom 25 had been previously insane, were admitted before they had been twelve months insane. These facts, says Dr. Finlay, the medical superintendent, afford striking proof of the importance of early treatment.

THE HEALTH OF GLAMORGAN.

At their meeting on September 4th the Glamorgan Sanitary Committee referred the annual report of Dr. W. Williams (medical officer of health for the county) to a subcommittee for consideration and report. As usual, this report is of a very comprehensive nature, touching every phase of the officer's work, and every part of the large area is dealt with in detail. Statistics and administration form the first part, whilst reports from the urban, rural, and port sanitary districts fill the second portion. There are also appendices showing in tabular form the area, population, etc., deaths at certain ages from specified causes, infantile mortality, and notification and isolation. The work carried out at the Cardiff and County Public Health Laboratory continues to make satisfactory progress; but although being much appreciated by the district councils is not so much used by medical men as anticipated. Attached to the report are a number of special reports of peculiar interest, such as those dealing with school closure, etc.

Dr. Williams states that much time has been devoted to the administration of the Midwives Act, 1902, and he thinks that there are unmistakable signs that this important Act is having the beneficial effects which were expected to accrue from it. The report makes reference also to the Glamorgan and South Wales Water Act, and states that a scheme has been prepared for forming a water board, which shall have the power to acquire and control the existing sources of water supply, to secure further sources, and, if considered desirable, to undertake the distribution of water to customers. The duties of the board, also, are to advise as to the best method of dealing with the present and future supply for the administrative county. It is in order to obtain these suggested powers that during the next session of Parliament another bill will be promoted by the Glamorgan County Council. Several matters, he continues, still require attention of the Sanitary Committee, and he enumerates, among others, the provision of sanatoriums for the poorer consumptives, the veterinary inspection of dairy cattle and cowsheds, the inspection of meat and other articles of food, the amendment of the Rivers Pollution Prevention Acts, more satisfactory methods of refuse disposal, and the prevention of plumbism caused by water. In Dr. Williams's opinion, further legislation is needed in regard to milk, meat, etc. As to the population of the county, this was only 467,000 in 1891, and 709,000 in 1907. The annual excess of births over deaths during the fifteen years was 11,000, and this accounts for 165,000 increase of population, so that 52,000 is the increase represented by immigration. These immigrants are mostly young adults, seeking employment in the various mines and works. The birth-rate in Glamorgan is 34.11, as compared with 26.3 per 1,000 of the population in England and Wales. The death-rate was 15.61, slightly in excess of the average death-rate for England and Wales. Infantile mortality, which is discussed at length in several of the special reports, is very high in the county, but shows a marked improvement, the rate for last year being 136, as compared with 151 per 1,000 registered births in 1906. Among the chief causes of this high mortality are improper feeding, clothing, and care of infants; dirty and overcrowded houses, insanitary surroundings, and indifference of parents to the dangers of measles, whooping-cough, etc., and especially the substitution of artificial for breast feeding. The remedial